

11-23-01

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PTO/SB/05 (08/00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.		17882-748
	First Inventor or Application Identifier		Wisniewski
	Title	Cryopreservation Vial Apparatus and Methods	
	Express Mail Label No.	EL713753326US	

J0997 U.S. PTO  
09/991335  
11/23/01

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 33] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed-Sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Detailed Description of the Drawings</li><li>- Detailed Description</li><li>- Claim(s)</li></ul>	a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) [Total Sheets 10]	<b>ACCOMPANYING APPLICATION PARTS</b>	
5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul>	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)	
	11. <input type="checkbox"/> English Translation Document (if applicable)	
	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
	13. <input checked="" type="checkbox"/> Preliminary Amendment	
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
	16. <input type="checkbox"/> Other: _____	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09/483,191Prior application information: Examiner Beisner, W.Group/Art Unit: 1744

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label 021971 or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME					
ADDRESS					
CITY	STATE	ZIP CODE			
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Name (Print/Type)	David J. W. Bram	Registration No. (Attorney/Agent)	39,554
Signature		Date	11/2/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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**FEE TRANSMITTAL  
for FY 2001***Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.***TOTAL AMOUNT OF PAYMENT** (\$1140.00)**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Wisniewski
Examiner Name	Unknown
Group/Art Unit	Unknown
Attorney Docket Number	17882-748

**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-2415 (Docket No. 17882-748)Deposit Account Name Wilson Sonsini Goodrich & Rosati

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- Charge Any Additional Fee Required
- 
- Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

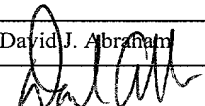
**SUBTOTAL (1)** (\$) 740.00**2. EXTRA CLAIM FEES**

	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
Total Claims	40	-20** =	20	x	18	= 360.00
Independent Claims	3	-3** =	0	x	0	= 0
Multiple Dependent			0	=	0	

\*\*or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$) 360.00**SUBMITTED BY**

Name (Print/Type)	David J. Abraham	Registration No. (Attorney/Agent)	39,554	Telephone	650-493-9300
Signature		Date	1/12/01	Customer No.	021971

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